

PTO/SB/52 (03-02)

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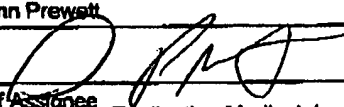
<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 1135-21RE
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Replication Medical, Inc.</u> and the title of my position with said assignee is: <u>President</u> The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Vladimir A. Stoy</u>	Citizenship <u>USA</u>	
Residence/Mailing Address <u>8 Robert Road, Princeton, New Jersey 08540</u>		
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,264,695</u>	Date of Patent Issued <u>July 24, 2001</u>	
Title of Invention <u>SPINAL NUCLEUS IMPLANT</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>SPINAL NUCLEUS IMPLANT</u> the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 1135-21RE	
At least one error upon which reissue is based is described as follows: It is patentee's belief that less was claimed in the patent than patentee had the right to claim.			
[Attach additional sheets, if needed.]			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s) PLEASE SEE ATTACHED SHEET		Registration Number	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; padding: 5px; display: inline-block;">Place Customer Number Bar Code Label Here</div>	
OR		Type Customer Number Here	
<input type="checkbox"/> Firm or Individual Name	Jeffrey S. Steen Carter, Deluca, Farrell & Schmidt, LLP		
Address	445 Broad Hollow Road		
Address	Suite 225		
City	Melville	State	New York Zip 11747
Country	United States		
Telephone	(631) 501-5700	Fax	(631) 501-3526
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Ann Prewett			
Signature 		Date July 23, 2003	
Address of Assignee Replication Medical, Inc. 100 Jersey Avenue, Bldg. D New Brunswick, NJ 08901			

**DAVID M. CARTER**, Reg. No. 30,949; **PETER DELUCA**, Reg. No. 32,978 **RAYMOND E. FARRELL**, Reg. No. 34,816; **JOSEPH W. SCHMIDT**, Reg. No. 36,920; **JEFFREY S. STEEN**, Reg. No. 32,063; **RUSSELL R. KASSNER**, Reg. No. 36,183; **CHRISTOPHER G. TRAINOR**, Reg. No. 39,517; **GEORGE LIKOUREZOS**, Reg. No. 40,067; **EDWARD C. MEAGHER**, Reg. No. 41,189; **FRANCESCO SARDONE**, Reg. No. 47,918; **JUDY NAAMAT**, Reg. No. 39,311; **LEE GROSSKREUZ HECHTEL**, Reg. No. 48,900; **DANA BRUSSEL**, Reg. No. 45,717; **JAMES M. LOEFFLER**, Reg. No. 37,873; **MICHAEL R. BREW**, Reg. No. 43,513, and **MICHAEL J. PORCO**, Reg. No. 46,007; each of them of **CARTER, DELUCA, FARRELL & SCHMIDT, LLP**, 445 Broad Hollow Road, Suite 225, Melville, New York 11747.

PTO/SB/53 (05-03)  
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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		<b>Docket Number (Optional)</b> 1135-21RE
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Vladimir A. Stoy		
Patent Number 6,264,695	Date Patent Issued July 24, 2001	
Title of Invention SPINAL NUCLEUS IMPLANT		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Replication Medical, Inc.</u> , and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Replication Medical, Inc.		
Signature 	Date July 23, 2003	
Typed or printed name and title of person signing for assignee (if assigned) Ann Prewett, President		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (04-03)

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Replication Medical, Inc.

Application No./Patent No.: 6,264,695 Filed/Issue Date: July 24, 2001

Entitled: SPINAL NUCLEUS IMPLANT

Replication Medical, Inc., a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

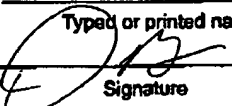
1. From: Vladimir A. Stoy To: Replication Medical, Inc. (N.J. Corp.)  
The document was recorded in the United States Patent and Trademark Office at  
Reel 010300, Frame 0723, or for which a copy thereof is attached.
2. From: Replication Medical, Inc. (N.J.) To: Replication Medical, Inc. (Delaware Corp.)  
The document was recorded in the United States Patent and Trademark Office at  
Reel 011077, Frame 0814, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

July 23, 2003  
Date  
(732) 227-1200  
Telephone number

Ann Prewett  
Typed or printed name  
  
Signature  
President  
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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